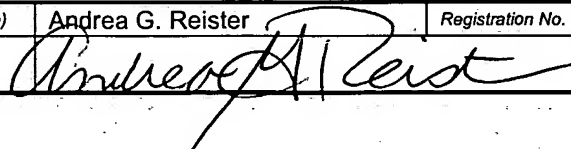


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|----------------|---|-------|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. 02-4099 First Inventor Jerry D. Burchfiel Title SPECTRUM-ADAPTIVE NETWORKING Express Mail Label No. | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 67] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 19] 5. Oath or Declaration [Total Sheets 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |
| 19. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number: 32127 OR <input type="checkbox"/> Correspondence address below | | | |
| Name | | Leonard C. Suchyta c/o Christian Anderson | |
| Address | | Verizon Corporate Services Group Inc. 600 Hidden Ridge, HQE03H01 | |
| City | Irving | State | Texas |
| Zip Code | 75038 | Country | USA |
| Telephone | (781) 466-2220 | Fax | |
| Name (Print/Type) | | Andrea G. Reister | |
| Registration No. (Attorney/Agent) | | 36,253 | |
| Signature | | Date | |
|  | | October 22, 2003 | |

 22582 U.S. PTO
 10689763
 102203

16698 U.S. PTO
102203

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

| FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small> | | Compl t if Kn wn | |
|--|--|-----------------------------------|-----------------------------|
| | | Application Number | Not Yet Assign d |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | October 22, 2003 |
| | | First Named Inventor | Jerry D. Burchfiel |
| | | Examiner Name | Not Yet Assign d |
| TOTAL AMOUNT OF PAYMENT (\$) | | 2,626.00 | Attorney Docket No. 02-4099 |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | |
| <input type="checkbox"/> Deposit Account: Deposit Account Number 50-0740 Deposit Account Name Covington & Burling | | Large Entity Small Entity | |
| The Director is authorized to: (check all that apply) | | Fee Code Fee (\$) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | Fee Code Fee (\$) | |
| <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | Fee Description | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Fee Paid | |
| FEE CALCULATION | | | |
| 1. BASIC FILING FEE | | | |
| Large Entity Small Entity | | | |
| Fee Code Fee (\$) | | | |
| 1001 770 2001 385 Utility filing fee | | 770.00 | |
| 1002 340 2002 170 Design filing fee | | | |
| 1003 530 2003 265 Plant filing fee | | | |
| 1004 770 2004 385 Reissue filing fee | | | |
| 1005 160 2005 80 Provisional filing fee | | | |
| SUBTOTAL (1) (\$) | | 770.00 | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Total Claims 97 -20** = 77 | | Extra Claims Fee from below 18.00 | |
| Independent Claims 8 -3** = 5 | | Fee Paid 1,386.00 | |
| Multiple Dependent | | 430.00 | |
| Large Entity Small Entity | | | |
| Fee Code Fee (\$) | | | |
| 1202 18 2202 9 Claims in excess of 20 | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | | | |
| 1204 86 2204 43 ** Reissue Independent claims over original patent | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) (\$) | | 1,816.00 | |
| **or number previously paid, if greater; For Reissues, see above | | | |
| SUBMITTED BY | | (Complete (if applicable)) | |
| Name (Print/Type) Andrea G. Reister | | Registration No. 36,253 | |
| Signature | | Telephone (202) 662-6000 | |
| | | Date October 22, 2003 | |

Docket No.: 02-4099
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jerry D. Burchfiel

Application No.: Not Yet Assigned

Group Art Unit: N/A

Filed: October 22, 2003

Examiner: Not Yet Assigned

For: SPECTRUM-ADAPTIVE NETWORKING

TRANSMITTAL LETTER

MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal;
2. Utility Patent Application Transmittal;
3. Application Data Sheet;
4. Utility application comprising: 51 pages of description; 15 pages of claims (97 claims); a one page abstract; and 19 sheets of drawings (Figs. 1-19);
5. Declaration and Power of Attorney for Patent Application;
6. Recordation Form Cover Sheet;
7. Assignment to BBNT Solutions LLC;

8. Information Disclosure Statement;
9. Form PTO/SB/08a/b;
10. Three cited documents;
11. Check No. 319314 for \$2,626.00 to cover:
 - \$770.00 basic filing fee;
 - \$1,816.00 additional claims fee;
 - \$40.00 assignment recordation fee; and
12. Two return receipt postcards.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Order No. 02-4099. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: October 22, 2003

Respectfully submitted,

By


Andrea G. Reister

Registration No.: 36,253
COVINGTON & BURLING
1201 Pennsylvania Avenue, N.W.
Washington, DC 20004-2401
(202) 662-6000
Attorney for Applicant